

SEP 13 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740116-490						
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Amendment</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 771-273-8300, on <u>September 13, 2005</u> . Signature <u>Kathleen M. McManus</u> Name: <u>Kathleen M. McManus</u>	In re Application of Marc ROHRSCHEIDER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> Application Number 10/622,772 </td> <td style="width: 40%; padding: 2px;"> Filed 07-21-2003 </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> For FINGER OPERATED SPAY PUMP </td> </tr> <tr> <td style="padding: 2px;"> Group Art Unit 3752 </td> <td style="padding: 2px;"> Examiner Christopher S. Kim </td> </tr> </table>		Application Number 10/622,772	Filed 07-21-2003	For FINGER OPERATED SPAY PUMP		Group Art Unit 3752	Examiner Christopher S. Kim
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ <u>120.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____

☐ Applicant claims small entity status.
☐ A check to cover the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380(740116-490).
 I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

<u>David S. Safran</u> Signature	<u>September 13, 2005</u> Date
<u>David S. Safran</u> Typed or printed name	<u>703-827-8094</u> Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

09/14/2005 SSITHIR1 00000073 192380 10622772

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P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740116-490										
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	For <u>FINGER OPERATED SPAY PUMP</u>											
	Group Art Unit <u>3752</u>	Examiner <u>Christopher S. Kim</u>										
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